

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

UT-4600

1997 ECONOMIC CENSUS PIPELINES

UT-4600

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE FEBRUARY 12, 1998								
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:								
BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001								
Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday: 1–800–233–6136								
Please read the accompanying instructions before answering the questions.								
Census use								

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

					5 " " 1 111						
Ite	n 1. EMPLOYER IDENTIFICATION NUM	MBER		нош то	Dollar figures should be rounded to thousands of dollars.	Mil- lions	Thou- sands	Dol- lars			
ls t	he Employer Identification Number ((EIN) sho	wn in the	REPORT	Example: If a figure	(000)	(000)	(000)			
lab	el the same as the one used for this est 1997 Employer's Quarterly Feder	establisi	nment on its	DOLLAR	is \$1,125,628.79 • Preferred	1	126				
Tre	asury Form 941?	ai iax n	ctuiii,	FIGURES	report Acceptable	1	125	629			
	094 1 ☐ Yes 2 ☐ No – Report cui	rrant EIN	halaw		,	Mil.	Thou.	Dol.			
	094 TE Tes 2 No - Nepott cur	TEIR LIN	Delow		DOLLAR VOLUME OF BUSINESS	010	Tilou.	DOI.			
	(9 digits)			DUSINESS							
la -	n 2. PHYSICAL LOCATION			Operating revenue in 1997							
	n 2. Physical Location is this establishment's physical loca	tion the	same as		-	Mil.	Thou.	Dol.			
	the address shown in the label? (P.O	. box and	d rural route	Item 5.	PAYROLL	030	Tilou.	D01.			
	addresses are not physical locations)			Payroll in	1997, BEFORE DEDUCTIONS		! ! []				
	093 1 ☐ Yes 2 ☐ No – Report ph	ysical loc	ation below	a. Annua			i I i				
	Number and street			u. Aiiiu		031					
	Number and street						 				
	City, town, village, etc.	State	ZIP Code	h Eiret a	uarter (January–March)		l i				
	City, town, vinage, etc.	State	Zii Code	D. Flist q	uarter (January-March)		Niveska				
				Item 6.	EMPLOYMENT	Number 032					
b.	s this establishment physically loca boundaries of the city, town, village	ted insid	de the legal	NI	- 6 1 d 1	032					
				period in	of paid employees for pay cluding March 12, 1997						
	095 1 Yes 2 No 3 No leg bound	gal 4 Jarios	Do not know	(Include b	oth full- and part-time						
				employees	<u> </u>						
C.	In what type of municipality is this ophysically located?	establish	nment	Item 7.	LEGAL FORM OF ORGANIZATION						
					the following best describes this e						
	096 1 City, village, or borough			box.	n of organization during 1997? Ma	rk (X) 0	niy Oive				
	2 Town or township										
	3 Other - Specify			003 1 Individual owner (sole proprietorship)							
	4 L Do not know			2 Partnership							
d.	n what county (e.g., Dade County) is t	his esta	blishment	5 Governmental – Specify							
	physically located?			0 Corporation							
				0 Subchapter "S" corporation							
				9 🗆	Other – Specify						
Ite	n 3. OPERATIONAL STATUS	00	Number of months								
	How many months during 1997 was		2								
	this establishment actively operated	1?									
b.	Which of the following best describe	es this es	stablishment's								
	status at the end of 1997? Mark (X) o Note: Complete the remainder of this re										
	operated) even if the establishment ceas	sed opera	tion during 1997.								
	001 1 🗌 In operation		Figures only								
	2 Temporarily or seasonally in		Month Year	CONTINUE WITH ITEM 8 ON PAGE 2							
	3 Ceased operation - Give date	e at right									
	4 Sold or leased to another oper	ator – <i>Gi</i> v	ve		CONTINUE WITH TEM CONTA	OL Z					
	date at right AND enter name,	etc., belo	W								
	Name of new owner or operator										
	Number and street										
	City	State	ZIP Code								

Item 8. KIND OF BUSINESS OR ACTIVITY							Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION								
What was this establishment's PRINCIPAL kind of business or activity in 1997?							e. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?								
Mark (X) only ONE box.							1 Yes – Complete this item								
Pipelines 070								2 ☐ No – Skip to item 12							
Crude petroleum								b. Is this company Enter name, address, and EIN of the							
Refined petroleum							owned or owning or controlling company						ıy		
Natural gas, except natural gas liquids								another comp	any?						
							097 1 □ Yes →								
Natural age distribution including								2 No		(0.11.1.)					
Natural gas distribution, including marketers and brokers							EIN (9 digits) C. Does this company Enter name, address, and EIN of the								
Other kind of business or activity. Describe							c. Does this company own or control any other company or								
Other kind of business or activity – Describe								companies?							
								098 1 Yes							
	em 9. SOURCES OF REVENUE							2 No							
	ease read instructions below bef		•	_						(9 digits)			Nun	nber	
do	eport sources of revenue for to bliar figures or as whole perce venue. (See HOW TO REPORT I and HOW TO REPORT PERCENTS	ents o	f total R FIGU	operati	ng	S	d	. How many est the EIN shown in item 1) AT 1	in the lab	oel (or as o			079	ibei	
	If figure is 38.76 %	of	Mil.	Thou. Dol. Percent			1	If more than on other information							
RE	total sales: **ROPIT** **ROPIT** **Report whole per	roonte-						headquarters lo locations. If mo	cation sho	uld be first	, follow	ed by al	l other	ne	
PE	RCENTS • Report whole per Not acceptable —	Cents		 	<u> </u>	38.76		format in REMA	RKS or on	a separate	sheet	of paper	-		
		Cen-		IATES a				Estimates are	acceptabl	e if book f	igures a	re not av	vailable.		
	Sources of revenue	sus	-	ort dollars OR percents.				Name			1997	Mil.	Thou.	Dol.	
				⊺Thou. □	⊢ Dol.	cent		Number and stre	opt .		Revenue	081 el	[[
1.	Pipeline transportation of petroleum products and	700	701	 	 	702		Transcrana str	501		Annual	082			
	other commodities, including natural gas liquids			 	 			City	State	ZIP Code					
				l I			1	Kind-of-business	descriptio	Paid employees for pay period including March 12					
	a. Crude petroleum	6000	-								083				
b. Refined petroleum products 6010												088			
											Census ⁰⁸⁸				
		6020		I 								•			
2.	c. Other pipeline products	6020		 			\vdash	Name				Mil.	Thou.	Dol.	
	c. Other pipeline products Natural gas transmission and storage	6020 6030		 			-	Name Number and stre	eet		use	Mil. 081	Thou.	Dol.	
	c. Other pipeline products Natural gas transmission							Number and stre			1997 Revenue	Mil. 081	Thou.	Dol.	
	c. Other pipeline products Natural gas transmission and storage			 			2		eet State	ZIP Code	1997 Revenue Annual payroll	Mil. 081	 		
	c. Other pipeline products Natural gas transmission and storage Sales of: a. Natural gas b. Manufactured or mixed	6030		 			2	Number and stre	State		Revenue Annual payroll Paid perio	Mil. 081	l I I I /ees for	pay	
3.	c. Other pipeline products Natural gas transmission and storage Sales of: a. Natural gas b. Manufactured or mixed gas All other operating revenue –	9010					2	Number and stre	State		1997 Revenue Annual payroll Paid	Mil. 081 082 d employ	l I I I /ees for	pay	
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